

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Apache</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>58</u>
District of <u>McNary</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. _____
Town of _____			Local Registrar No. _____
or _____			St. _____ Ward _____
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>James Swindle</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____
6. Legitimate: <u>Yes</u>	7. Date of birth <u>Jan 12 1924</u>		Month day year
8. FATHER Full name <u>James Calvin Swindle</u>		14. MOTHER Full maiden name <u>Maggie May Lingo</u>	
9. Residence (Usual place of abode) <u>McNary Ariz</u>		15. Residence (Usual place of abode) <u>McNary Ariz</u>	
If nonresident, give place and state		If nonresident, give place and state	
16. Color or race <u>White</u>	11. Age at last birthday <u>21</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>18</u> (Years)
12. Birthplace (city or place) <u>Ardmore</u>	(State or country) <u>Okla</u>	13. Birthplace (city or place) <u>Wagoner</u>	(State or country) <u>Okla</u>
13. Occupation <u>Mechanist helper</u>	19. Occupation <u>Housewife</u>		
Nature of industry		Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>one</u>		<u>yes</u>	
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>H. A. Nichols, M.D.</u>	
Given name added from a supplemental report _____		(Physician or midwife)	
Month, day, year. <u>Jan 12 1924</u>		Address <u>McNary, Okla</u>	
Registrar. <u>H. C. Henderson, M.D.</u>		Local Registrar. <u>M. C. Padgett, M.D.</u>	
County Registrar. _____		County Registrar. _____	

125-112-436